LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

TB Times

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The TB Indicators Project (TIP)

Using data to develop better programs

At the October 1, 1999, Los Angeles County TB Control Conference at Orthopaedic Hospital, the State's Tuberculosis Controller, Sarah Royce, MD, MPH, Chief, TB Control Branch, California Department of Health Services (CDHS) introduced a new initiative to strengthen TB programmatic activities: the CHDS -TB Indicators Project (TIP). It is estimated that the project will be launched in July, 2000 as a TB partnership effort with local jurisdictions to develop comprehensive performance measures to improve TB control and elimination activities at the local and state levels.

Los Angeles County TB Control representatives assisted the development of the program by attending an advisory committee meeting of TIP, January 25-26, 2000. The TIP Advisory Committee Meeting provided a forum for representatives from local health jurisdictions and other organizations to select program performance indicators and help design a successful implementation strategy. The meeting focused on specific goal-groups: Infrastructure, Early Identification and Reporting, Completion of Therapy, Contact Investigation, Epidemiology, and Evaluation.

At the October Conference, Dr. Royce introduced the program by reviewing national objectives and using local examples of how data can assist with the development of interventions. Dr. Royce referred to the work of Los Angeles County TB Control's Assistant Program Specialists as an example of how program evaluations can be used to improve program performance (*previously reported in TB Times October, 1999 Vol. 11, #10*). In this example, evaluation of TB data was used to establish and implement standards, highlight best practices, identify areas that needed improvement, and document better outcomes as a result.

The TB Indicators Project potentially will benefit TB control by identifying priorities and measuring success. These indicators will be used to facilitate program evaluation and set realistic objectives. The Los Angeles County TB Control Program looks forward to participating in the TIP.

Conferences

TB Conferences on the first Friday of the month are held in the Andrew Norman Hall of Orthopaedic Hospital, located at Adams Blvd. & Flower Street. The Physician Case Presentations on the third Friday of the month are held at the TB Control Program Office, Room 506A.

Current Issues in Tuberculosis
"Tuberculosis in the Philippines and South Korea"
Maria Sacdalan, R.N. and Karen Cho, R.N.
March 3, 2000
9:00 am - 10:15 am
Orthopaedic Hospital - Andrew Norman Hall

TB Case Presentations
Hanh Quoc Le, M.D.
March 3, 2000
10:30 am - 12:00 pm
Orthopaedic Hospital - Crowe Room

ERN Quarterly Inservice
March 3, 2000
10:30 am - 12:00 pm
Orthopaedic Hospital - Andrew Norman Hall

Community Health Worker Half Day Inservice
March 14, 2000
8:00 am - 12:00 pm
TB Control Program Headquarters

TB Case Presentations
Hanh Quoc Le, M.D.
March 17, 2000
9:00 am - 11:30 am
TB Control Program Headquarters

ERN One Day Re-Certification Class
March 22, 2000
8:00 am - 4:30 pm
TB Control Program Headquarters

Mantoux Skin Testing "Train the Trainer"
March 28, 2000
9:00 am - 12:00 pm
TB Control Program Headquarters

Nursing Highlights

Why Am I Doing This?

I asked myself this question again today after spending two hours trying to co-ordinate a discharge plan for an 83 year old woman whose family does not want her discharged to their house.

On Friday afternoon I received a Hospital Discharge Plan that was acceptable. I phoned the public health clinician to make plans for the follow-up TB management and to obtain an appointment for the patient. The approved discharge plan with the appointment date was faxed to the hospital.

Tuesday morning I received a phone call from the DPHN informing me that the patient should not be discharged home. I did not know the patient was still hospitalized and I don't want to get involved with the problem. Who could I refer this situation to for resolution? Meanwhile the hospital plans to discharge the patient and expects the health department to do the rest. This is their understanding.

I have an 83 year old woman with no resources and a convalescent home is not an option. She is having difficulty absorbing TB medications and was placed on an injectable drug while in the hospital. She is a brittle diabetic. She is legally blind and has had seizures. The DPHN has reported the family to Adult Protective Services. Will High Desert Hospital accept this patient? Will the PMD agree to transfer the patient?

For this one patient I had to interact with the health center, DPHN, PHNS, Chest Clinician, the Hospital Infection Control Nurse, Discharge Planner and Utilization Co-ordinator, the TB LPHN at County-USC Hospital, and the TB LPHN at High Desert Hospital.

I am writing this article out of frustration. Public Health Nurses are involved in many complicated issues that we are not trained to handle on a daily basis. Why are we doing this? "For the patient because there is no one else," So – we do the best we can. But Why? Where is the social worker?

Today is Wednesday. The patient is waiting for a bed at High Desert Hospital. I hope she is transferred before Thursday because I don't want to think what will happen if this plan fails.

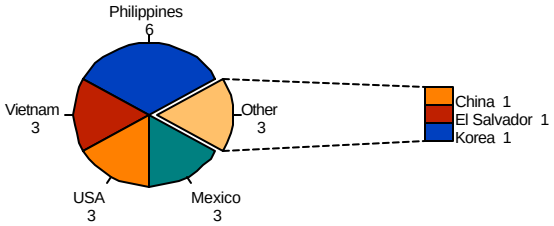
Barbara Lewis, APS

1999 MDR-TB Unit Case Update

In 1999, 18 new MDR-TB cases received initial TB Control Program consultation; 17 cases were identified in Los Angeles County and one was transferred from out-of-state. This compares to 8 new MDR-TB cases in 1998. The reasons for the increase in new cases are presently unclear.

It is essential that MDR-TB patients receive carefully selected drug regimens that are given by directly observed therapy (DOT) and closely monitored throughout the course of treatment. Managing MDR-TB cases is complicated due to a myriad of psychosocial issues in addition to treatment with less effective and more toxic second-line drugs. As of December 31, 1999, there were a total of 20 cases on treatment, 4 cases in containment/detention, and 26 cases in post-treatment follow-up. MDR-TB patients are closely co-managed by the District Health Centers and the TB Control Program to ensure proper treatment as well as to prevent the spread of MDR-TB.

Country of Origin for New MDR-TB Cases in Los Angeles County, 1999



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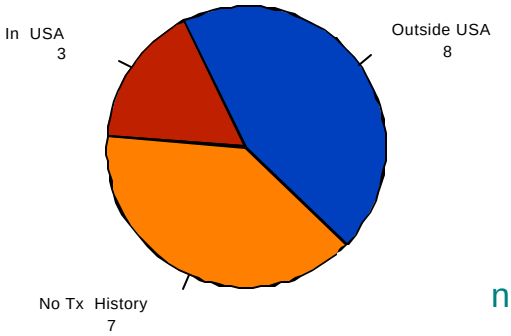
History of Treatment for New MDR-TB Cases in Los Angeles County, 1999



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Tuberculosis Control Program's Lab Survey, 1999

The Tuberculosis Control (TBC) Program has been conducting biennial lab surveys since 1995 in conjunction with the Sexually Transmitted Disease (STD) Program's annual lab survey. This year the TBC and STD programs have once again paired up to administer their respective lab surveys for the 1999 calendar year. The purpose of the survey is to collect data from the area labs regarding the level of services provided, methods used, workload, and reference lab networking.

Laboratories play an extremely important role in identifying new TB cases since labs are often the first to notify TBC. Labs in Los Angeles County (LAC) are responsible for the accurate and timely reporting of any and all findings that are suggestive of tuberculosis. Prompt reporting allows for rapid public health intervention, including initiation of contact investigations.

The information gathered from the biennial lab survey will help the TBC Program in several ways. The TBC Program can update the list of labs that are currently conducting any TB tests. The survey results will inform TBC about the level of service, the methods and technologies employed, and the workload of each lab. This information will help the TBC Program determine what is realistic to expect from a particular lab in terms of timeliness and accuracy of reporting, targeted outreach and educational efforts for specific labs, and help the TBC Program develop an active lab surveillance plan.

An additional question was added to this year's survey that will allow active outreach to histopathology labs. A recent study conducted by the Bureau of Tuberculosis Control in New York City [1] found that of the 1730 TB cases confirmed in NYC in 1997, 544 (31%) had biopsy or autopsy tissue findings suggestive of TB. Of these, 108 (20%) were confirmed to have TB on the basis of pathology findings alone. The Los Angeles TBC Program recognizes the importance of reporting pathology lab findings suggestive of TB and will begin to work more closely with histopathology labs to accomplish this goal.

This year's survey was updated to ensure that it is clear, concise, and accurate. The Public Health Lab and STD Program provided excellent input and recommendations for the development of the TBC Program's survey instrument.

Reference: 1. Choudhury, M.S. The significance of pathology findings in confirmation of tuberculosis. IUATLD. Chicago, IL, February 1999.

Improving Physician Medical Management Practices Los Angeles County TB Control Program

In the early 1990s, as the TB epidemic was in full surge, the MDR Unit of TB Control Program began a consultation process and thus learned more about Los Angeles County Department of Health Services physician practices. Specifically, TB Control wanted to developed a process that could:

- Identify complicated TB cases
- Ensure adequate & appropriate treatment
- Contain rising costs of TB drug treatment

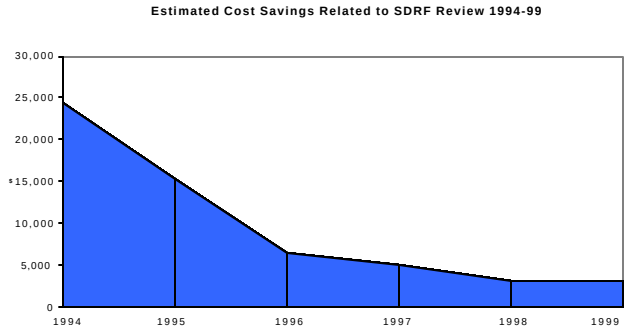
TB Control Program began meeting with DHS Pharmacy Service Chiefs in 1994. Based on these meetings, TB Control developed an internal review and control process for second-line TB drugs and special preparations of first-line TB medications. A Special Drug Request (SDR) process and form H-3003 were created for Public Health Clinic Physicians to use when requesting second-line medications.

To evaluate and assess the process, the MDR-TB Unit led by Dr. Annette Nitta periodically reviews and analyzes the Special Drug Request Forms. She and her staff have found that the SDR process has had several positive benefits for medical management practices. In combination with the TB Control Physician certification program, the SDR protocol resulted in a systematic process to furnish feedback to Public Health Physicians. In addition, the program provided TB Control Program with the on-going ability to monitor physician-prescribing practices and process complicated

Table 1. Number of SDRFs for TB Drugs

Year	# of SDRFs
1994	234
1995	259
1996	223
1997	287
1998	229
1999	294

Since 1994 the SDR process has contributed to a decrease in inappropriate requests and generated total cost savings estimated from $49,000 to $57,000. Table 1 lists the total number of Special Drug Requests processed since inception. While the total number of requests has remained relatively stable, the cost savings have decreased annually from an initial high of $24,000 to less than $3,000 in 1999 reflecting the change in prescribing practices.



The SDR process has demonstrated a change in physician practices. For instance, the number of requests for rifabutin (RBT) for patients with TB and HIV on non-nucleoside reverse transcriptase inhibitors (NNRTIs) or protease inhibitor therapy continues to increase despite the falling number of HIV + TB cases. This may reflect changes in prescribing practices subsequent to the October 1998 CDC guidelines which stated a preference for rifabutin over rifampin for many HIV + TB cases due to drug interactions between rifampin and several antiretroviral agents.

In conclusion, the use of the SDR process has provided clear benefits and met the original expectations for identifying complicated TB cases, ensuring that the cases were adequately treated and containing the rising costs of TB medications.

Treatment Completion Report by Service Planning Area Confirmation Date: 1/1/98-12/31/98

This issue of TB Times includes a summary of tuberculosis treatment completion per service planning area (SPA) for all confirmed cases in 1998. Percent treatment is shown for both private and public as well as overall cases per SPA. It is important to note that completion of treatment prior to one year is a CDC outcome criteria for most TB cases with the exception of those requiring longer treatment for medical reasons. The CDC completion standard is that 85% of all cases should complete treatment within 12 months. Currently Los Angeles County has an overall completion rate of 75% for 1998 cases. Treatment completion for individual health centers have been calculated and are available upon request. A copy has been forwarded to all medical directors in the SPAs.

!! TB Times Readership Survey !!

Included as an attachment to this month's newsletter is a readership survey developed by the TB Times editorial board. In an effort to improve the content and format of future issues, we are requesting your assistance in completing this questionnaire. Please take a few minutes to share your thoughts and comments. Let us know if and how the newsletter has benefitted you and suggest ways in which we can more effectively meet your needs. We thank those who have already completed and returned this survey. Please return your survey by mail or fax it to our office at (213) 749-0926.

World TB Day

World TB Day annually commemorates March 24, 1882 when Dr. Robert Koch presented his discovery of *Mycobacterium tuberculosis*, the bacillus that causes TB, to a group of German physicians in Berlin. Many countries around the world observe this day to acknowledge and promote awareness of the importance of joining together against this ancient and still deadly disease.

Each year the World Health Organization and Centers for Disease Control and Prevention select a theme to draw attention to a needed area of TB control and prevention. The theme for this year is "Forging New Partnerships to Fight TB".

TB Control will be organizing several events for that day and encourages our readers to plan and hold activities at their health center or agency. For ideas or assistance with your project, please call the Health Education Unit at TB Control Program headquarters (213-744-6229).

F.Y.I.

TB Control would like to recognize two employees from our Registry-Surveillance Unit who left in February to continue their education and/or career. Erica Gomez, Student Professional Worker, was hired in September 1999 and was twice chosen "TB Registry Employee of the Month". She is currently furthering her education with a major in Sociology at Trade Technical College in Los Angeles.

Elizabeth Pura, also a Student Professional Worker, was hired in January 1999 and was also chosen "TB Registry Employee of the Month". While employed at TB Control, Elizabeth was enrolled at California State University, Northridge and completed her internship with the Health Education Unit. She earned her bachelor's degree in Community Health Education in December 1999 and was officially commissioned as a second lieutenant in the U.S. Army that same month. She is currently working as a probation officer with the L.A. County Probation Department. Congratulations and best wishes to both ladies!

Tuberculosis Cases by Health District
Los Angeles County, January 2000
(Provisional Data)

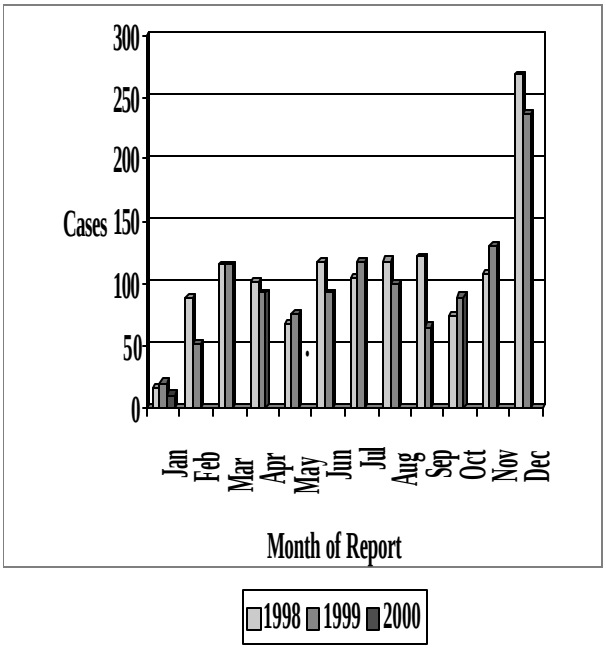
Service Area	Service Area Total Year to Date	Health District	January 2000	January 1999	Year to Date 2000	Year to Date 1999
SPA 1	0	Antelope Valley	0	0	0	0
SPA 2	2	East Valley	0	0	0	0
		West Valley	2	4	2	4
		Glendale	0	1	0	1
		San Fernando	0	0	0	0
SPA 3	2	El Monte	1	3	1	3
		Foothill	1	0	1	0
		Alhambra	0	1	0	1
		Pomona	0	0	0	0
SPA 4	4	Hollywood	4	2	4	2
		Central	0	0	0	0
		Northeast	0	0	0	0
SPA 5	0	West	0	0	0	0
SPA 6	3	Compton	1	1	1	1
		South	0	1	0	1
		Southeast	1	0	1	0
		Southwest	1	1	1	1
SPA 7	1	Bellflower	0	3	0	3
		San Antonio	1	0	1	0
		Whittier	0	2	0	2
		East Los Angeles	0	0	0	0
SPA 8		Inglewood	0	1	0	1
		Harbor	0	0	0	0
		Torrance	0	0	0	0
		Unassigned	0	0	0	0
	12	TOTAL	12	20	12	20

Treatment Completion Report by Service Planning Area
Confirmation Date: 1/1/98-12/31/98

SPA		Total started on Med.	Completed <12 months	Completed >12 months	Still on Drug	Stopped AMA	Lost	Died	Moved	% Comp < 1Yr*
Antelp Valley	PMD	2	0	0	1	0	0	0	1	n/a
	TBC	12	7	0	1	0	2	0	2	58
	ALL	**14**	**7**	**0**	**2**	**0**	**2**	**0**	**3**	**50**
East	PMD	36	28	1	2	0	0	4	1	78
	TBC	105	77	6	3	0	0	8	11	73
	ALL	**141**	**105**	**7**	**5**	**0**	**0**	**12**	**12**	**74**
Metro	PMD	73	50	7	1	0	2	12	1	68
	TBC	248	200	8	5	0	6	9	20	81
	ALL	**321**	**250**	**15**	**6**	**0**	**8**	**21**	**21**	**78**
San Fernndo	PMD	71	59	4	2	0	0	5	1	83
	TBC	116	74	8	10	0	5	7	12	64
	ALL	**187**	**133**	**12**	**12**	**0**	**5**	**12**	**13**	**71**
San Gabrel	PMD	98	71	1	9	0	3	14	0	72
	TBC	150	124	3	1	0	5	7	10	83
	ALL	**248**	**195**	**4**	**10**	**0**	**8**	**21**	**10**	**79**
South	PMD	35	26	5	1	0	0	3	0	74
	TBC	140	103	8	4	0	1	13	11	74
	ALL	**175**	**129**	**13**	**5**	**0**	**1**	**16**	**11**	**74**
South Bay	PMD	44	27	6	2	0	0	6	3	61
	TBC	80	57	4	2	0	1	7	9	71
	ALL	**124**	**84**	**10**	**4**	**0**	**1**	**13**	**12**	**68**
West	PMD	24	18	3	0	0	0	2	1	75
	TBC	23	17	1	0	0	0	4	1	74
	ALL	**47**	**35**	**4**	**0**	**0**	**0**	**6**	**2**	**74**

*) Please note that the % completed treatment is for all cases. Treatment completion within one year is a CDC criteria for most TB cases (excluding drug resistance and pediatric extrapulmonary cases).

Los Angeles County Tuberculosis Control
Tuberculosis Incidence
By Month of Report, 1997-1999



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TB Times is a monthly publication providing information to those interested in TB surveillance and TB Control Program activities. Please forward your articles, comments, suggestions or address corrections to:

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February Topics of Interest...